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Bib Data Sheet

CONFIRMATION NO. 7612

|                             |  |              |                        |                                    |
|-----------------------------|--|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/789,121 | FILING OR 371(c)<br>DATE<br>02/27/2004<br>RULE | CLASS<br>101 | GROUP ART UNIT<br>2854 | ATTORNEY DOCKET<br>NO.<br>600.1304 |
|-----------------------------|--|--------------|------------------------|------------------------------------|

**APPLICANTS**

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*None KDW***\*\* CONTINUING DATA \*\*\*\*\****None KDW***\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/18/2004

|                                 |  |                        |                        |                    |                         |
|---------------------------------|--|------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>NH | SHEETS<br>DRAWING<br>4 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                        |                    |                         |
| Verified and Acknowledged       | <i>KDW</i>   | Examiner's Signature   | Initials               |                    |                         |

**ADDRESS**

23280

**TITLE**

Spray device

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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